

CLAIMS ONLY						Application Number 691631892	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
101										
102										
103										
104										
105										
106										
107										
108										
109										
110										
111										
112										
113										
114										
115										
116										
117										
118										
119										
120										
121										
122										
123										
124										
125										
126										
127										
128										
129										
130										
131										
132										
133										
134										
135										
136										
137										
138										
139										
140										
141										
142										
143										
144										
145										
146										
147										
148										
149										
150										
Total Indep	3		5							
Total Depend	30		50							
Total Claims	33		53							

CLAIMS ONLY							Application Number 09/631848	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
101	Indep	Depend	Indep	Depend	Indep	Depend	51					
102							52					
103							53					
104							54					
105							55					
106							56					
107							57					
108							58					
109							59					
110							60					
111							61					
112							62					
113							63					
114							64					
115							65					
116							66					
117							67					
118							68					
119							69					
120							70					
121							71					
122							72					
123							73					
124							74					
125							75					
126							76					
127							77					
128							78					
129							79					
130							80					
131							81					
132							82					
133							83					
134							84					
135							85					
136							86					
137							87					
138							88					
139							89					
140							90					
141							91					
142							92					
143							93					
144							94					
145							95					
146							96					
147							97					
148							98					
149							99					
150							200					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					